

STANDARD CERTIFICATE OF DEATH

State File No. 34446

OCT 22 1952

BIRTH NO. REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4099 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pleasant Hill		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pleasant Hill	
d. FULL NAME OF HOSPITAL OR INSTITUTION 523 Locust		d. STREET ADDRESS (If rural, give location) 523 Locust	

3. NAME OF DECEASED (Type or Print) a. (First) SIMON		b. (Middle) HENRY		c. (Last) ROSS		4. DATE OF DEATH (Month) 10 (Day) 12 (Year) 1952	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) married		8. DATE OF BIRTH 12-28-1890	
9. AGE (In years last birthday) 61		10. MONTHS 01		11. BIRTHPLACE (City and State or Foreign Country) Fulton, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Railway employe				10b. KIND OF BUSINESS OR INDUSTRY			

13a. FATHER'S NAME James Ross		13b. MOTHER'S MAIDEN NAME Mary Ella Carter		14. NAME OF HUSBAND OR WIFE Bertha Ross	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs Bertha Ross Pleasant Hill, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Prostate</u> DUE TO (c) <u>Arterio Sclerotic Ht. Disease</u> II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>10 yrs.</u> <u>10 yrs.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 DAYS</u> <u>2 yrs.</u> <u>10 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None performed.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>177X</u>	

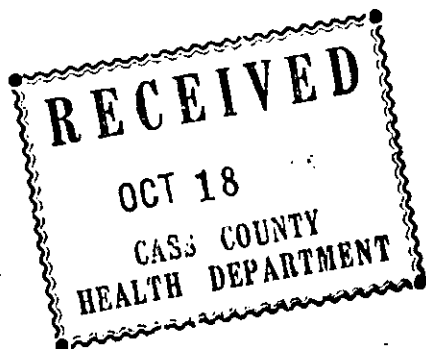
22. I hereby certify that I attended the deceased from May 4, 1952, to OCT. 12, 1952, that I last saw the deceased alive on OCT. 12, 1952, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. A. Brown, M.D.</u> (Degree or title)		23b. ADDRESS <u>Pleasant Hill, Mo.</u>		23c. DATE SIGNED <u>Oct. 14, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-14-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>	
24d. LOCATION (City, town, or county) <u>Pleasant Hill</u>		24e. (State) <u>Mo.</u>			

DATE REC'D BY LOCAL REG. <u>Oct 15, 1952</u>		REGISTRAR'S SIGNATURE <u>Dora Barnard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen Brownfield</u> ADDRESS <u>Pleasant Hill Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Allen Brumfield

Licensed Embalmer No.

P. O. Address *3785*
Richard Hill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.